

Pandemic and All-Hazards Preparedness Act (S. 3678)

SECTION BY SECTION SUMMARY

TITLE I – NATIONAL PREPAREDNESS AND RESPONSE, LEADERSHIP, ORGANIZATION, AND PLANNING

Sec. 101 Public Health and Medical Preparedness and Response Functions of the Secretary of Health and Human Services

- Identifies the Secretary of HHS as the lead Federal official responsible for public health emergency preparedness and response, consistent with the National Response Plan.

Sec. 102 Assistant Secretary for Preparedness and Response

- Renames the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP) as the Assistant Secretary for Preparedness and Response (ASPR) who shall:
 - Serve as principal advisor to the Secretary on Federal public health and medical preparedness and response for public health emergencies;
 - Be responsible for policies and requirements for personnel, supplies, and logistics during a public health emergency;
 - Oversee the advanced development and procurement of countermeasures, and manage the Strategic National Stockpile;
 - Coordinate with other Federal agencies and States to integrate public health and medical capabilities; and
 - Provide leadership in international programs, initiatives and policies that deal with public health and medical emergency preparedness and response.

Sec. 103 National Health Security Strategy

- Requires the Secretary to submit to Congress a National Health Security Strategy for public health emergency preparedness and response, including an assessment of the preparedness of Federal, State, and local public health and medical capabilities.

TITLE II – PUBLIC HEALTH SECURITY PREPAREDNESS

Sec. 201 Improving State and Local Public Health Security

- Reauthorizes public health preparedness cooperative agreements to continue the strengthening of State and local infrastructure.
 - Identifies minimum essential public health security capabilities for national and State investments in public health preparedness.
 - Establishes a State matching requirement to ensure shared financial burden between Federal and State investments.
 - Ensures fiscal accountability, measured progress based on evidence-based benchmarks and objective standards, and regular exercises.

Sec. 202 Using Information Technology to Improve Situational Awareness in Public Health Emergencies

- Requires the Secretary to build on existing State and local public health situational awareness capabilities and establish a near real-time nationwide public health situational awareness network to enhance early detection of, rapid response to, and management of potentially catastrophic infectious disease outbreaks and public health emergencies.

- Authorizes grants to States to implement coordinated surveillance systems that meet standards determined by the Secretary.
- Authorizes grants for pilot projects to support real-time surveillance. These grants may be awarded to hospitals or clinical laboratories for advanced clinical diagnostics, or to poison control centers for enhancing surveillance and response capabilities.

Sec. 203 Public Health Workforce Enhancements

- Establishes a demonstration project and grants to States, through the National Health Service Corps, for loan repayment to individuals who agree to serve in a health professional shortage area or area at high risk of a public health emergency.

Sec. 204 Vaccine Tracking and Distribution

- Allows the Secretary to collaborate with State and local public health officials and private entities to track pandemic flu vaccine and to facilitate communication to promote effective distribution of seasonal flu vaccine.

Sec. 205 National Science Advisory Board for Biosecurity

- The National Science Advisory Board for Biosecurity, at the request of the Secretary, will provide advice, guidance or recommendations concerning biosafety laboratory capacity nationwide and a core curriculum for workers in such laboratories.

TITLE III – ALL-HAZARDS MEDICAL SURGE CAPACITY

Sec. 301 National Disaster Medical System

- Transfers NDMS from DHS to HHS, under the responsibility of the ASPR.
- Requires the Secretary to conduct a joint review of NDMS, in coordination with DHS, VA, DOD, and submit a report to Congress describing the roles, missions, appropriate size and structure of NDMS in the future.

Sec. 302 Enhancing Medical Surge Capacity

- As part of the joint review, the Secretary shall evaluate ways to improve medical surge capacity in local communities through the use of mobile medical assets and Federal facilities that could be used during a public health emergency.
- To allow hospitals to comply with pandemic flu plans, the Secretary may extend the waiver of the Emergency Medical Treatment and Active Labor Act for 60 days.

Sec. 303 Encouraging Health Professional Volunteers

- Codifies the existing local Medical Reserve Corps and ensures a coordinated national infrastructure for utilizing willing volunteers to respond to national emergencies.
 - Sets requirements for the composition of the Corps, training, and certification of Corps members.
- Requires the Secretary to link existing State volunteer verification systems and maintain a single nationwide interoperable network of systems (ESAR-VHP) for the purpose of advance registration of volunteer health professionals.
 - The system verifies credentials, licenses and certifications to enable rapid response to public health emergencies.

Sec. 304 Core Education and Training

- Authorizes the Secretary to refocus and consolidate current curriculum development and training programs to establish core public health and medical response curricula and training, through convening public and private experts.
- Requires CDC's existing Centers for Public Health Preparedness (CPHP), to develop core public health curricula and training programs for use by schools of public health that are part of the CPHP Network.
- Expands the CDC's Epidemic Intelligence Service Program by 20 officer positions who agree to practice in underserved areas.

Sec. 305 Partnerships for State and Regional Hospital Preparedness to Improve Surge Capacity

- Reauthorizes hospital preparedness cooperative agreements to continue to strengthen State and regional medical surge capacity.
 - Ensures fiscal accountability, measured progress based on evidence-based benchmarks and objective standards, and regular exercises.
 - Enhances regional coordination and an appropriate consideration of risk.

Sec. 306 Enhancing the Role of the Department of Veterans Affairs

- Authorizes the Secretary to enter into agreements with VA to provide medical, logistical and training support to HHS to respond to public health emergencies.